2023 Best Lives Campaign (BLC) Donation Form Campaign Goal \$255,000

Contact Information:

Title: First Name:	M.I.: Last Name:
Address:	
City: State: ZIF	P: Best Phone:
Email:	
Gift Designation: You may designate	te your gift (please select one or more):
All BLC Funds	Staff Emergency Fund
Extraordinary Living Fund (ELF)	Resident Activity Access Fund
Staff Recruitment & Retention Fund	
Gift Information: Donation Amou	nt (please check one)
\$5,000 (customize at \$416.67/month if	monthly) \$500 (customize at \$41.67/month if monthly)
\$2,500 (customized at\$208.33/month in	f monthly) \$250 (customize at \$20.83/month if monthly)
\$1,000 (customize at \$83.34/month if n	nonthly) \$ Enter a custom amount
I would like to make this donation (plea	ase check one): Monthly Done-Time
Processing Information:	
Check (payable to Vista Grande Vi	lla, memo: BLC Fund) Credit Card
Credit Card #:	
Expiration Date: CV\	/ #:(3-digit # on back of credit card)
Eligible for a company matching (gift. Company Name:
This gift is given in: Honor of or	In memory of Name:
Please send notification of this gi	ift to:
Title: First Name:	M.I.: Last Name:
Address:	
City: State: 7E	